24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Planned Parenthood Votes	C C00489799			
	<u> </u>			
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Community Outreach Group LLC	10 14 2016			
Mailing Address 1110 Vermont Ave N.W. #300	Amount			
City State Zip Code	80500.00			
Washington DC 20005	Transaction ID : B632653 Date of Disbursement or Obligation			
Purpose of Expenditure Canvassing Category/ Type 003	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Offic	ee Sought: House District:			
Clinton, Hillary, , ,	President Senate State: US			
Calendar Year-To-Date Per Election for Office Sought Distriction 1 2863673.77	oursement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
Terris Barnes & Walters	10 14 2016			
Mailing Address 400 Montgomery St # 700	Amount			
City State Zip Code	3427.00			
San Francisco CA 94104	Transaction ID : B632657 Date of Disbursement or Obligation			
Purpose of Expenditure Canvass Lit Category/ Type 004	10 / 14 / 2016			
Name of Federal Candidate Support Office	ce Sought: House District:			
Clinton, Hillary, , ,				
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	83927.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 4			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Schifeling, Deirdre, , , [Electronically Filed] Date	10 14 2016			
Oignatule				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo		M
Full Name of Payee Terris Barnes & Walters				of Public Distribution/Dissemination
Mailing Address 400 Montgomery St # 700			Amou	10 14 2016
			7 11100	
City	State	Zip Code		3427.00
San Francisco	CA	94104		saction ID: B632655 of Disbursement or Obligation
Purpose of Expenditure Canvass Lit		Category/ Type 003		10 14 2016
Name of Federal Candidate		✗ Support	Office Sough	nt: House District:
McGinty, Katie, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	2489867.19	Disbursemer 2016	nt For:
Full Name of Payee	_		Date	of Public Distribution/Dissemination
Community Outreach Group LLC				10 14 2016
Mailing Address 1110 Vermont Ave N.W. #300			Amou	
City	State	Zip Code		80500.00
Washington	DC	20005		action ID : B632650 of Disbursement or Obligation
Purpose of Expenditure Canvassing		Category/ Type 003		10 14 2016
Name of Federal Candidate		✗ Support	Office Sough	nt: House District:
McGinty, Katie, , ,		Oppose	Presid	lent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	2489867.19	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditur	es			83927.00
(b) SUBTOTAL of Unitemized Independent Expendi	itures			7 1 7 1 7 1 7 1
				4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Schifeling, Deirdre, , , Signature	[Electron	nically Filed] Date	10	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	chedule E)				PAGE 3 OF FOR SE OF FORM 2	5 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUM	
Р	lanned Parenthood Votes				C C00489799	
Ch	eck if 24-hour report X 48-hour r	eport New rep	ort Amends rep		- M / D - D / Y - Y	Y Y
	Full Name of Payee Community Outreach Group	LLC				YY
	Mailing Address 1110 Vermont Ave N.W.	#300		Amou	10 14 201 nt	Ь
	City Washington	State DC	Zip Code 20005		80500 action ID : B632652	
	Purpose of Expenditure Canvassing		Category/ Type 003	IV.	of Disbursement or Obligation	YY
	Name of Federal Candidate		Support	Office Sough	it: House District:	
	Toomey, Pat, , ,		X Oppose	Preside		PA
	Calendar Year-To-Date Per Election for Office Sought		2489867.19	Disbursemen 2016	rt For: Primary x (other (specify) ▶	General
	Full Name of Payee Terris Barnes & Walters Mailing Address 400 Montgomery St #	700			10 14 20	YYY
	City	State	Zip Code		3427	7.00
	San Francisco	CA	94104		action ID : B632656 of Disbursement or Obligation	1
	Purpose of Expenditure Canvass Lit		Category/ Type 003		10 14 20	
	Name of Federal Candidate		Support	Office Sough	nt: House District:	
	Toomey, Pat, , ,		x Oppose	Presid	ent Senate State:	PA
	Calendar Year-To-Date Per Election for Office Sought		2489867.19	Disbursemer 2016	nt For: Primary X Other (specify) ▶	General
	(a) SUBTOTAL of Itemized Independent E	Expenditures			83927	.00
	(b) SUBTOTAL of Unitemized Independen	it Expenditures		·· •		
	(c) TOTAL Independent Expenditures			•	17 17	
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorized				
	Schifeling, Deirdre, , , Signature	[Electron	ically Filed] Date	e 10	14 / 2016	
	-					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report × 48-hour report	X New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
76 Words				10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1806 Vernon Street, Ste. #100			Amou	unt
City	State	Zip Code		6422.89
Washington	DC	20009		saction ID : B632661 of Disbursement or Obligation
Purpose of Expenditure Digital Ad Production		Category/ Type 004		10 10 2016
Name of Federal Candidate		Support	Office Sough	ht: House District:
Toomey, Pat, , ,		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 7	2489867.19	Disbursemer 2016	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Terris Barnes & Walters				10 14 2016
Mailing Address 400 Montgomery St # 700			Amo	unt
City	State	Zip Code	— I.	3427.00
San Francisco	CA	94104		action ID : B632659 of Disbursement or Obligation
Purpose of Expenditure Canvass Lit		Category/ Type 004		10 / 14 / 2016
Name of Federal Candidate		Support	Office Soug	ht: House District:
Trump, Donald, , ,		X Oppose	X Presid	dent Senate State: US
Calendar Year-To-Date Per Election for Office Sought	, ,	2863673.77	Disburseme 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure:	S			9849.89
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Schifeling, Deirdre, , , Signature	[Electron	ically Filed] Date	10	14 2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				
Planned Parenthood Votes	C C00489799			
	0 500-001-00			
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Community Outreach Group LLC	10 14 2016			
Mailing Address 1110 Vermont Ave N.W. #300	Amount			
City State Zip Code	80500.00			
Washington DC 20005	Transaction ID : B632654 Date of Disbursement or Obligation			
Purpose of Expenditure Canvassing Category/ Type 003	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Offic	e Sought: House District:			
Trump, Donald, , ,	President Senate State: US			
Calendar Year-To-Date Per Election for Office Sought Disb 2863673.77	ursement For: Primary General Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M = M / D = D / Y = Y = Y			
Mailing Address				
	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	ee Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Disb	oursement For: Primary General			
Per Election for Office Sought	Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	80500.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	342130.89			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Schifeling, Deirdre, , , [Electronically Filed] Date	10 14 2016			
Oignature				